



Kentucky State University Alumni High School Student Scholarship Application

PURPOSE: The Scholarship was established to provide assistance to a deserving African American high school graduate and enable the student to complete his/her educational objectives at Kentucky State University.

SCHOLARSHIP INFO: All applications will be reviewed by the Scholarship Committee of the Kentucky State University Alumni Association, Louisville Chapter. Scholarship amounts will be awarded from \$500.00 up to \$2000.00. The check(s) will be made payable to Kentucky State University, not the individual scholarship recipient in two equal disbursements in the fall and spring semesters.

ELIGIBILITY CRITERIA: The application must be completed by the student applicant and meet all criteria outlined below to be eligible for this scholarship.

1. Must be a resident of Metro Louisville and/or Oldham County, Kentucky
2. Must be a graduating African American high school senior
3. Must have a cumulative GPA of 2.5 or above documented by an official high school transcript
4. Must have a Letter of Acceptance (copy) from Kentucky State University
5. Must identify and/or explain financial need/ reason(s) in appropriate section on the application
6. Application must be submitted by the postmark deadline

APPLICATION PROCEDURE: All applicants must submit the following

- (1) Completed application in black ink; hand written legibly and/or typed
- (2) An official high school transcript that includes the first semester grades, weighted cumulative GPA, and test scores forwarded directly to the Scholarship Committee from the School Counselor (sealed with an official signature on the envelope).
- (3) Two (2) Letters of Recommendation
 - One (1) from an adult who knows the student (**this should not be a family member**)
 - One (1) from a high school Administrator; Principal, Counselor, Teacher or Coach
- (4) Mail or email completed application with the checklist attached on the front, and all supporting documents by the deadline to hopjohn@bellsouth.net.

**Mailing Information: Scholarship Committee/ KSU Alumni Association
Louisville Chapter
P. O. Box 211855 Louisville, KY 40221**



High School Student Scholarship Application

Section I

APPLICANT INFORMATION

Please print legibly or type

Name: _____
(First Middle Last)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Numbers: Home-() _____ - _____ Cell-() _____ - _____

Date of Birth: (MM/DD/YYYY) ___/___/___ **Social Security Number:** _____ - _____ - _____

Section II

School and Community Information

Name of High School : _____

Address _____

City: _____ **State:** _____ **Zip:** _____

Date of Graduation: ___/___/___ **GPA:** _____ **No./Class Ranking:**

Counselor: _____

List Honors/Awards Received with the past 3 years: *(you may attach additional pages if needed)*



List Extracurricular Activities and Office(s) held at school:

List Community/Church/Civic organizations/activities you have participated in and any offices held:

Have you been awarded any other scholarships and/or grants?

No Yes, list them below

Source; Organization and/or Group amount of the Award

List of Colleges/Universities to which you have already applied.

What is your intended College Major? _____

Identify and/or explain the financial purpose/ reason(s) you are applying for this scholarship



assistance? Your statement should be a minimum of 100 words or more. *(You may attach your statement separately)*



High School Student Scholarship Application Checklist

Check off each item and Include this checklist with your application.

Incomplete applications will not be considered

Name: _____

I am submitting the following documents as part of my application for the Kentucky State University, Louisville Alumni Chapter Scholarship, and certify that all statements are true and correct.

Applicant Signature: _____ Date ____/____/____

1. Scholarship Application Checklist with Signatures
2. Completed KSU Scholarship Application
3. 1 Letter of Recommendation from an Adult who knows you
4. 1 Letter of Recommendation from School Administrator
5. Official High School Transcript
6. Letter of Acceptance from Kentucky State University
7. Statement of financial need/reason for KSU scholarship

Parent / Legal Guardian Certification

I consent to my child's application for a scholarship and understand, if awarded, the funds will be payable to Kentucky State University. I certify that the foregoing documents and statements are correct.

Parent/Legal Guardian **Printed** Full Name

Phone Number

Parent/Legal Guardian Signature

Date: ____/____/____
Month Day Year

Email or Mail this completed application along with Scholarship Checklist to:
Scholarship Committee C/O KSU Alumni Association Louisville Chapter
P. O. Box 211855
Louisville, KY 40221
Application Deadline : June 1, 2020

Committee Use Only: Date Received: _____ Date Reviewed: _____